

<b>DEPARTMENT OF VETERANS AFFAIRS</b> <b>COUNTER RECEIPT - GOVERNMENT LIFE INSURANCE</b>		RECEIPT NO. <b>A</b>
<b>IMPORTANT:</b> This payment will be applied to the insured's Government Life Insurance account(s) in accordance with Department of Veterans Affairs regulations.		
NAME OF REMITTER <i>(Please print)</i>		AMOUNT OF PAYMENT \$
STREET AND NO.		DATE PAID
CITY AND STATE		DESCRIPTION OF REMITTANCE <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> OTHER
NAME OF INSURED <i>(If other than remitter)</i>		
SOCIAL SECURITY NO. OR VA CLAIM NO.	INSURANCE POLICY NO(S) <i>(Check, if new insurance)</i> <input type="checkbox"/> NEW INS	
AGENT CASHIER OR COLLECTIONS CLERK	NAME AND LOCATION OF STATION	

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**ORIGINAL 1**

**CASH CONTROL FUNCTION 2**

**COLLECTION UNIT 3**

**AGENT CASHIER OR COLLECTION CLERK 4**

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